2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM **DOCUMENT # P97000020953 Secretary of State** 1. Entity Name THE PYRAMID GROUP, INC. Principal Place of Business Mailing Address 7610 HWY 41 NORTH 7610 HWY 41 NORTH PALMETTO, FL 34227 PALMETTO, FL 34221 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0741095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYERLY, JAMES S DO NOT WRITE 7610 US HWY 41 NORTH PALMETTO, FL 34221 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or ported name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LYERLY, JAMES S NAME STREET ADDRESS 7610 US HWY 41 NORTH CITY-57-ZIP PALMETTO, FL 34221 U000000500287 TIBLE 04/25/06-80016-024 150.0D NAME STREET ADDRESS CITY-ST-ZP TILE NAME STREET ADORESS DO NOT WRITE CITY-ST-JP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliermental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

NAME STRIET ADDRESS CITY-ST- AP

NAME STREET ADDRESS CITY-ST-JIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

941/722-1038

FILED